

Exhibit H – Bone Tissue Excision Criteria

To ensure the proper seating of a removable prosthesis (partial or full denture) some treatment plans may require the removal of excess bone tissue prior to the fabrication of the prosthetic. Clinical guidelines have been formulated for the Dental Consultant to ensure that the removal of tori (mandibular and palatal) is an appropriate course of treatment prior to prosthodontic treatment.

A. Codes related to the removal of exostoses are subject to prior authorization and may be compensable when submitted in conjunction with appropriate documentation. These determinations are made by the dental specialist/Consultant.

1. Alveoloplasty is covered only in conjunction with the construction of a prosthodontic appliance

B. Prior authorization requirements:

1. Radiographs (bitewings, periapical or panorex) and/or intraoral photographs and bone scans, which clearly identify the exostoses, must be submitted.

2. Treatment plan – includes prosthetic plan.

3. Narrative of medical necessity, if appropriate.

C. Reimbursement

1. Services that fail to meet clinical criteria due to prior treatment will be disallowed.

Reference:

- Ohio Administrative Code 5160-5-01 Dental Services
- Ohio Administrative Code 5160-5-01 Oral Surgery - Appendix A
- Ohio Administrative Code 5160-1-01 Medical Necessity